

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10005

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Hiramville  
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 57 years  
years, months or days 4/17

3. (a) PRINT FULL NAME CLARISA E. TULL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Maratis McNeill Tull 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 15, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 11 23 hr. min.

9. Birthplace Estel, Mo. Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name John Scott, Byrd

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Polly Pitcher

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Tull

(b) Address Hiramville, Mo.

17. (a) Burial (b) Date thereof 3-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Spencer L. Green

(b) Address Hiramville, Mo.

19. (a) 3-15-40 (b) Spencer L. Green  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

(c) City or town Hiramville  
(If outside city or town limits, write "RURAL")

(d) Street No. 828 E. Harrison St  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8  
year 1940 hour 12 30 minute P M.

21. I hereby certify that I attended the deceased from Mar 4 1940 to Mar 8 1940

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation

Due to Chronic Myocarditis

Due to Arterio-sclerosis

Other conditions Severely  
(Include pregnancy within 3 months of death)

Major findings: 93C

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(Specify type of place)

3 While at work? Roy M. Holl (Specify type of place)

23. Signature Roy M. Holl (M. D. or other)

Address Hiramville, Mo. Date signed 3/15/40

RECEIVED

District Health Officer No. 10

District File Number 4-40-867

Date Filed APR 16 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Richville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.